

STATE

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Audit probes prison program

Missed payments, fees questioned

By KIM CHANDLER
News staff writer

MONTGOMERY — State auditors have found problems with Alabama work-release programs, including that prison employees sometimes hired inmates to work in their homes

and businesses and didn't pay them. Audits released Friday also questioned the legality of other practices, including charging inmates \$5 for rides to and from their work-release jobs, a fee that raised \$2.6 million last year for the state prison budget. The Examiners of Public Accounts released separately an audit of the Department of Corrections and a special audit of the department's Decatur work-release facility. The audits flagged problems with work-re-

lease operations in Decatur, Birmingham and Loxley. The audit of the Decatur facility specifically criticized an old policy that allowed Department of Corrections employees and their relatives to hire work-release inmates. The audit found that the majority of inmates were not paid promptly, some were not paid at all and inmates were sometimes checked out for days at a time without a job to do. The department ended the policy

last year because of the potential for abuse and security problems, spokesman Brian Corbett said. Corbett said two employees still owe inmates money for work, and the department is trying to correct that. One owes \$1,500, and the other owes \$700, he said. One employee is paying on an installment plan. The other is serving overseas in the military.

► See Audit, Page 1;

AUDIT:

Work-release program examined

From Page 11A

One of the audits noted that work-release inmates were charged \$3 co-pays for inmate-initiated use of medical services, \$5 for round trips to work and \$25 for drug tests if they failed.

"It appears that the Department of Corrections does not have specific legal authority to charge these fees," auditors wrote. The report recommends that in the future, the department charge inmates only fees authorized by law.

Corbett said he did not know what auditors meant by "appears." He said the department would look into the finding.

At the Birmingham work-release center, the audit noted multiple problems with the handling of money that inmates earned from their work-release jobs. The audit's findings also included that some inmates were being forced to pay for their own medical care.

The warden of the Birmingham facility forced inmates with \$300 in their prison accounts to pay for medical care with private providers. According to the audit, regulations say inmates with \$500 in their accounts get "an option of using free-world medi-

cal and dental facilities at their own expense," referring to health care not provided through the prison system.

Corbett said the department has addressed many of the problems flagged in the audits.

Prison Commissioner Donal Campbell in April transferred the warden of the Birmingham work release to another facility. Campbell declined to elaborate on his reasons for the change other than he had complaints about money.



PRISON
HEALTH
SERVICES
CORPORATION

EMERGENCY

ADMISSION DATE 11 / 3 / 04 2220 AM		TIME 2220		ORIGINATING FACILITY BCC		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA				CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 100.9		ORAL RECTAL		RESP. 20		PULSE 120	
				B/P 144 / 94		RECHECK IF / 148 / 98 SYSTOLIC <100> 50	
NATURE OF INJURY OR ILLNESS S: "I was fighting. I got a few bumps and bruises, nothing great."				ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
1) Hemostoma frontal of cranial ① 3cm ② 2.5cm skin intact @ frontal ③ scratch 5 inches ④ 3.5 ⑤ 2 inches ⑥ 2 1/2 Broken skin 4 inches on below it on back. Lt foot 2 inches 2cm healed (old area)							
PHYSICAL EXAMINATION A: Body Chart per DOC				PROFILE RIGHT OR LEFT RIGHT OR LEFT			
P: Release to DOC				ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
				FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTOCOPIED			
DIAGNOSIS							
INSTRUCTIONS TO PATIENT Consider following through to mental health referral.							
DISCHARGE DATE 11 / 3 / 04 2235 AM		TIME 2235		RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
JRS'S SIGNATURE J. Wright, RN		DATE 11/3/04		PHYSICIAN'S SIGNATURE [Signature]		DATE 11/4/04	
INMATE NAME (LAST, FIRST, MIDDLE) Wright, Richard				DOC# 187140		DOB 8/15/67	
				R/S B/m		FAC. BCC	

PHS-MD-70007

(White - Record Conv. Yellow - Pharmacy Conv.)

Exhibit Four(4)



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard W. Wright Sr. Date of Request: 4/10/06
 ID # 187146 Date of Birth: 11/11/57 Location: Det. 401 Bldg
 Nature of problem or request: Back Pain, stiffness in back, head
and ache.

Richard W. Wright Sr.

Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/10/06
 Time: 0700 AM PM
 Allergies: Penicillin

RECEIVED
 Date: 4/10/06
 Time: 0800
 Receiving Nurse Initials DS

(S)ubjective: See Above

(O)bjective

(V/S):

T:

98.4

P:

70

R:

18

BP:

130/78

WT:

180#

(A)ssessment: Att in Prison -

(P)lan: Refer to Dr. Rayapudi on 4/13/06 for 800 mg

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

T. Staller Jr.
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Exhibit 3



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard Wayne Wright Jr. Date of Request: 1 April 06
ID # 187140 Date of Birth: _____ Location: _____
Nature of problem or request: Back pain and need something
for neck aches would like to be referred to
another Doctor because Dr. Rayapati

Richard Wayne Wright Jr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/10/06
Time: 12:55 AM/PM
Allergies: Penicillin

RECEIVED	
Date:	<u>4/10/06</u>
Time:	<u>1:00</u>
Receiving Nurse Initials	<u>JS</u>

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: See next page

(P)lan: Referral to medical clinic Tuesday 4/11/06
when you Hgt & Wt.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Exhibit 2



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Sr Date of Request: 5 April 06
ID # 187146 Date of Birth: 15 Aug 67 Location: InP RM 11103
Nature of problem or request: Back pains and head aches

Richard W Wright Sr
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/6/06
Time: 11:25 AM PM
Allergies: Penicillin, Milk

RECEIVED	
Date:	<u>4/6/06</u>
Time:	<u>11:25</u>
Receiving Nurse Initials	<u>DS</u>

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: See next page

(P)lan: Refer to Health Dept. for further care. Follow up with MD/PA.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT
GLF-1002 (1/4)

Exhibit 1